

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047487

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 500

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH
a. COUNTY

Cole

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City 30 min

c. FULL NAME OF IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Memorial-Hospital

Length of stay in 1b

30 min

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

b. COUNTY MILLER

c. CITY OR TOWN

ELDON

d. STREET ADDRESS

311-No. Leeds

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
William-Everett Spencer

4. DATE OF DEATH

Month Day Year
Dec- 26 1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

18 Sept-1879-84

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Well-Driller

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Seamore-Ind- U.S.A

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Several-Spencer

13b. MOTHER'S MAIDEN NAME

SARAH- Green

14. NAME OF HUSBAND OR WIFE

Walter-Spencer Maggie

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO NC

17. INFORMANT

Walter Spencer

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Chronic Pyelonephritis & Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
NONE

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year
NONE

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
NONE

20f. CITY, TOWN, OR LOCATION

NONE

COUNTY

STATE

21. I attended the deceased from

9/17/63

to 12/26/63

and last saw her alive on 10/29/63

Death occurred at

9:45 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Robert Bryant

(Degree or title)

22b. ADDRESS

M.D. Jefferson City, Mo 27 Dec-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

30 Dec 1963

23c. NAME OF CEMETERY OR CREMATORY

Eugene

23d. LOCATION (City, town, or county)

Eugene-Miller-Mo

(State)

24. FUNERAL DIRECTOR

Keith-M-Kays-ELDON-Mo

25. DATE RECD. BY LOCAL REG.

31 December 1963

26. REGISTRAR'S SIGNATURE

Theresa E. Richter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

6/11/64

6/11/64

INSTEAD OF

Walter Spencer

SHOULD READ

Maggie Spencer

Walter Spencer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF daughter

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0269

2 2661

3 2

4 0

5 2

6

7 1

8 0

9 4200

10

11

12 3-0

13 3-0

REC-25 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.